

# Closing the Gap: Addressing LGBTQIA+ Health disparities and academic inclusion in the DR.

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## BACKGROUND

- In Dominican Republic (DR) LGBTQIA+ adolescents faces human rights violations including access to healthcare.
  - Out of 7,122 surveyed LGBTQIA+ people in DR, 96.7% were victim of violence due to sexual orientation in adolescence<sup>1</sup>.
- Culturally sensitive care for LGBTQIA+ and racial health equity historically underemphasized/neglected in medical education.
- Failure in medical schools to:**
  - Create educational environment to learn LGBTQIA+ healthcare.
  - Collect gender and sexual orientation data.
  - Include LGBTQIA+ health within medical school curriculum
- Has led to:**
  - Health care professionals are underprepared to provide affirming care for LGBTQIA+ people.
  - Homophobia, transphobia and implicit bias in healthcare
  - Overall health disparities in LGBTQIA+ healthcare.
- Medical students are a particularly vulnerable group within LGBTQIA+
  - 43.5% reporting at least one episode of mistreatment during medical school<sup>2</sup>.
  - Medical schools fail to provide safe environments for LGBTQIA+ students.

**Dominican Republic. Percentage of people who have experienced an incident of discrimination, because of their sexual orientation, and/or gender identity, and/or gender expression.**

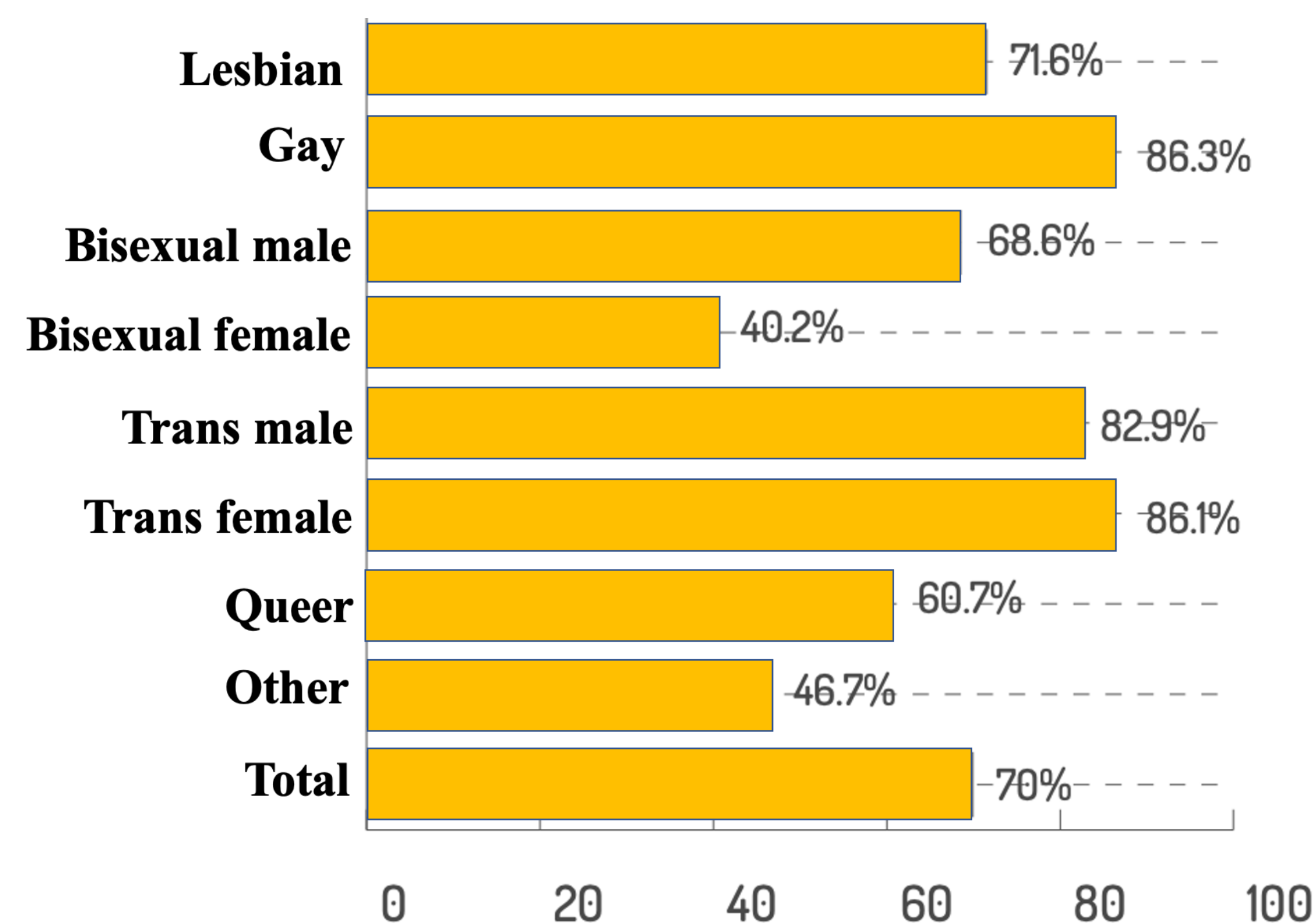


Chart extracted from: Being LGBTI in the Caribbean<sup>1</sup>

**Dominican Republic. Gaps in the Human Development Index (HDI) between the general population and LGBTQIA+ people**

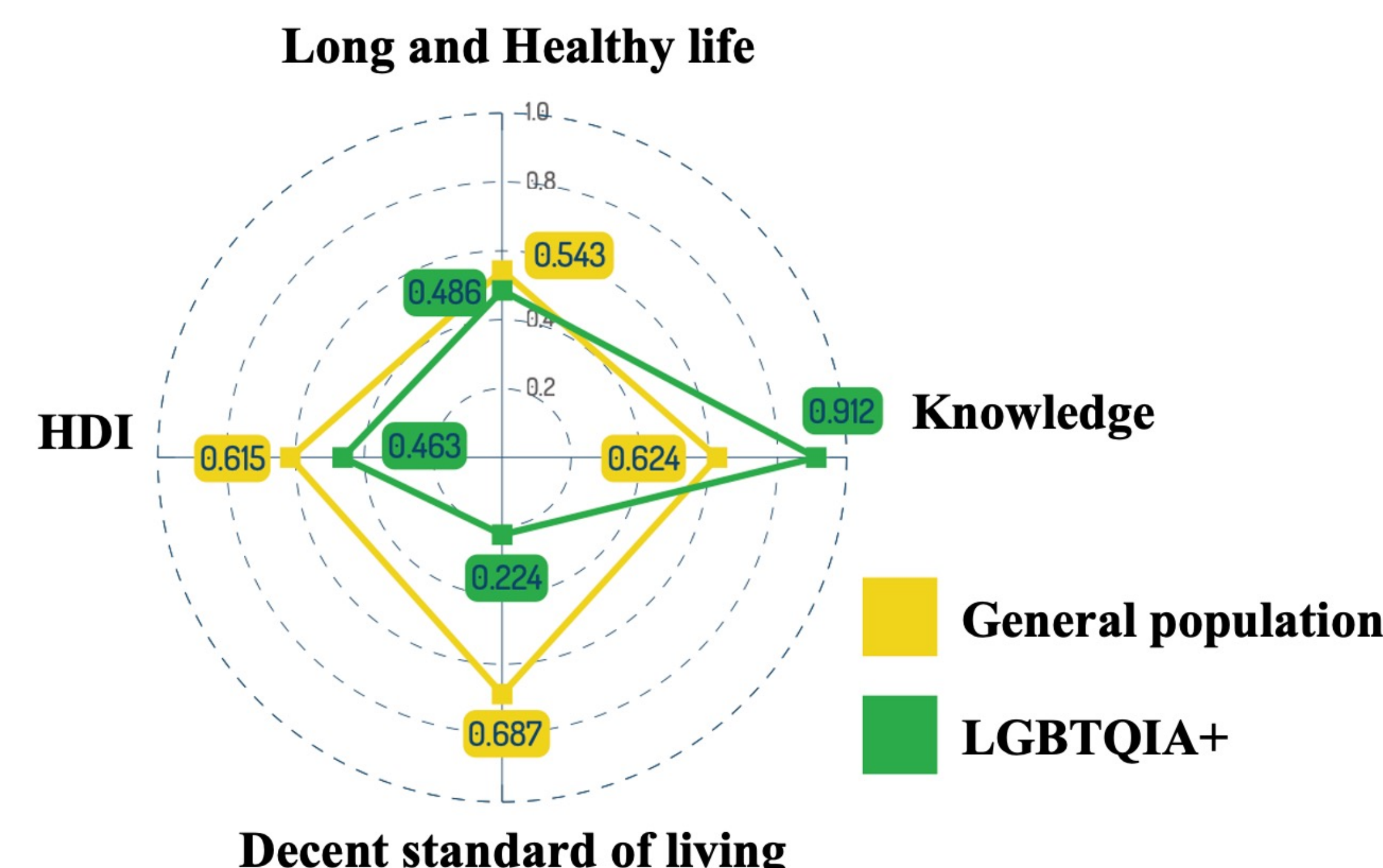


Chart extracted from: Being LGBTI in the Caribbean<sup>1</sup>

## DISCUSSION

- Growing need to address LGBTQIA+ health disparities to close gaps in health equity
- Severe lack of local (DR) research regarding LGBTQIA+ healthcare
- Inclusion of LGBTQIA+ health education in medical school curricula is imperative to address healthcare disparities
- Capacity building and creating a protective infrastructure are imperative in closing gaps on LGBTQIA+ sensitive care.
- Investigating discrimination and stigma for LGBTQIA+ in DR medical students, allows experts in field to provide guidance and tailored interventions

**United States. Have ever been treated disrespectfully or in a Non-Affirming way by any healthcare provider**

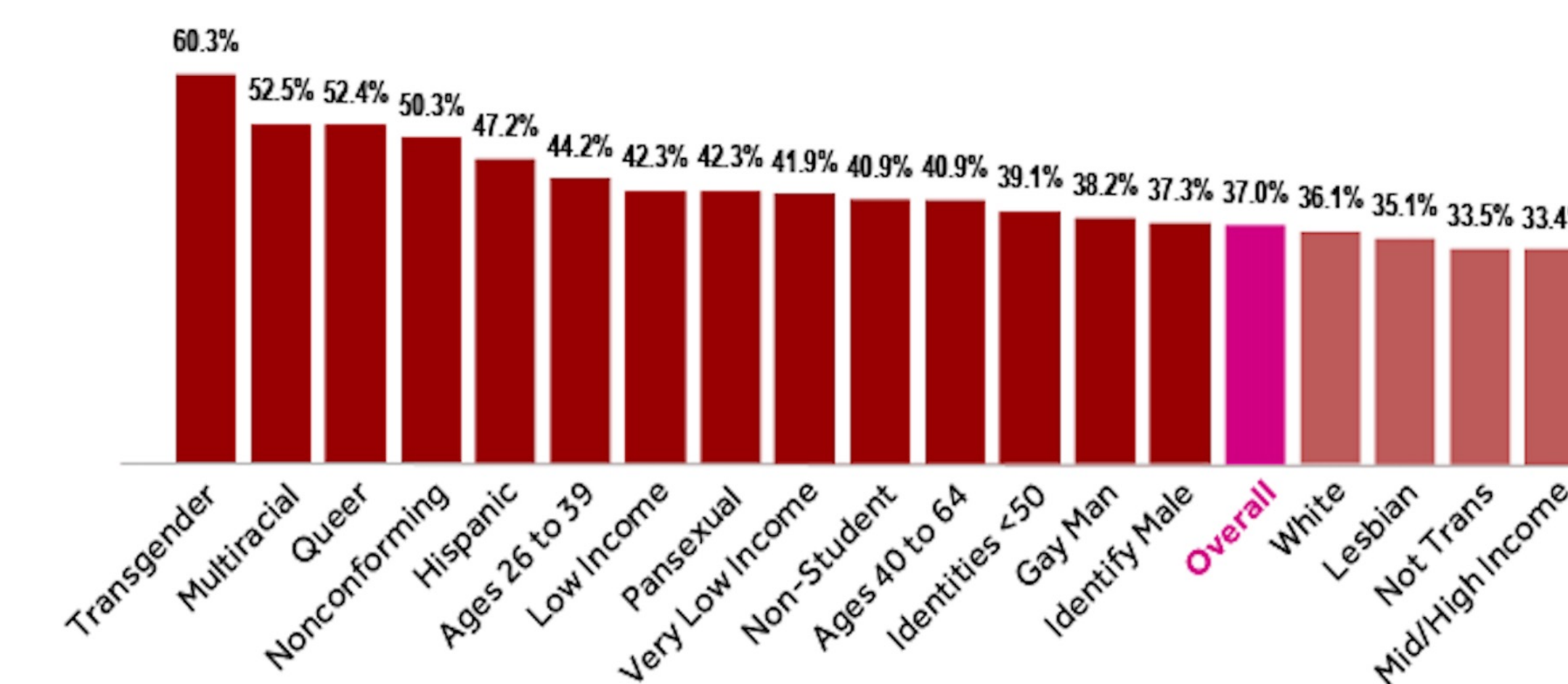


Chart extracted from: 2021 Long Island LGBTQ+ Community Health Needs Survey, PRC, Inc.

## METHODS

- Survey design/validation.**
  - Electronic survey to assess (a) knowledge, (b) attitudes, (c) beliefs and (d) practices in LGBTQIA+ mental health
  - Pilot instrument to 30 medical students
- Survey administration to medical students.**
  - Directed to sub-interns in the DR's 3 major medical schools.
- In-person Focus Group Discussions (FGD) with LGBTQIA+ community leaders in DR.**
  - Focus on perspectives/experiences seeking mental health care in the DR (i.e. barriers, prejudice and discrimination when accessing health care)
- Curriculum development**
  - Based on identified needs/gaps, curriculum will integrate content (i.e. LGBTQIA+ terminology, stigma, disparities, minority stress, psychiatric care of LGBTQIA+ patients)
  - Piloted in a group of 30 medical students (15 sexual and/or gender minority)
- Medical training recommendations, monitor results and further research.**

## ANTICIPATED RESULTS

- Gather and share information** from DR on LGBTQIA+ topics
  - Barriers to LGBTQIA+ health equity in DR
  - Impact of discrimination on LGBTQIA+ students
  - Priorities of FGD
- Implementation of protective infrastructure** for LGBTQIA+ community
  - Policies that protect students from harassment
  - Creation of support groups (GSAs)
  - Curriculum development to improve LGBTQIA+ quality healthcare in medical schools.
- Capacity Building**
  - Awareness training for institutions faculty.
  - Inclusion and diversity capacitation for students.
  - Community workshops for general population.
  - MGH/Fenway faculty-DR medical faculty and student alliance.

## REFERENCES

- Project "Being LGBTI in the Caribbean" of USAID, and implemented by UNDP to promote the development of LGBTQIA+ people. Link: [https://dominicanrepublic.un.org/sites/default/files/2021-08/Informe%20de%20Resultados%20Encuesta%20Nacional%20LGBTI%202020%20en%20a%20Republica%20Dominicana\\_2.pdf](https://dominicanrepublic.un.org/sites/default/files/2021-08/Informe%20de%20Resultados%20Encuesta%20Nacional%20LGBTI%202020%20en%20a%20Republica%20Dominicana_2.pdf)
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- Keuroghlian, A. S., Charlton, B. M., Katz-Wise, S. L., Williams, K., Jarvie, E. J., Phillips, R., Kremen, J., Guss, C. E., Dalrymple, J. L., & Potter, J. (2022). Harvard Medical School's sexual and Gender Minority Health Equity Initiative: Curricular and Climate Innovations in undergraduate medical education. *Academic Medicine*, 97(12), 1786-1793. <https://doi.org/10.1097/acm.0000000000004867>
- Report of the LGBTTTI Coalition (LGBTTTI) of the Dominican Republic. DIVERDOM-FUNCEJ-REVASA-ASA- GAYP-CARIFLAGS-TRANSSA- Heartland Alliance- Coordinadora Lesbica. 2014. Link: <https://fuceji.files.wordpress.com/2012/02/lgbt-final-con-logos-final.docx>
- Ng, E. S., Stamper, C. L., Klarsfeld, A., & Han, Y. J. (2021). Chapter 14: Promoting LGBT inclusion and scholarship: using the Human Rights Campaigns Corporate Equality Index. In Handbook on diversity and inclusion indices: A research compendium. story, Edward Elgar Publishing

**Dominican Republic. Percentage of people according to the type of message received in academic institutions regarding issues related to LGBTQIA+**

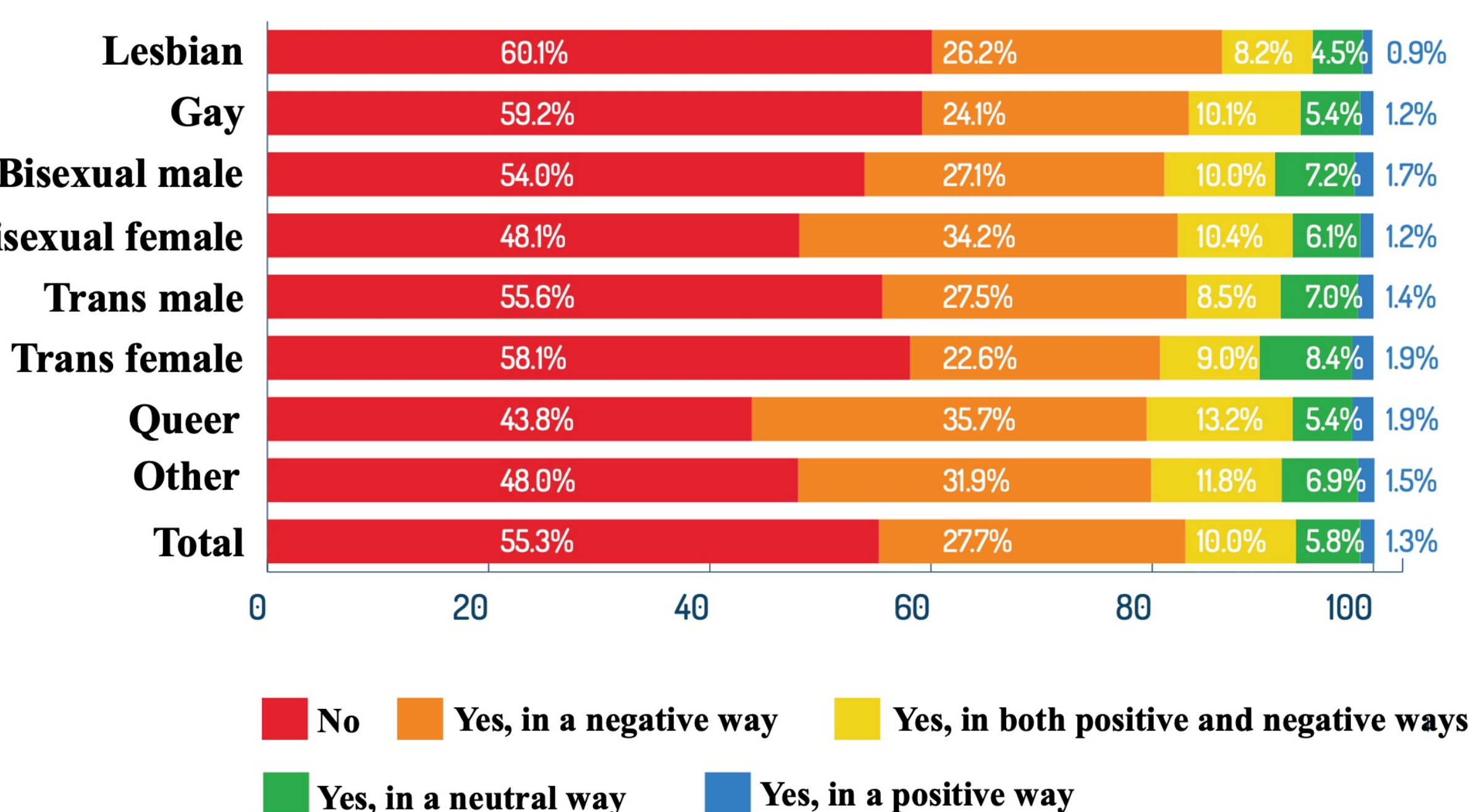


Chart extracted from: Being LGBTI in the Caribbean<sup>1</sup>